

EMPLOYER INFORMATION

Plan Name			
Contact Name		Title	
Address		City	State
		Zip	

PLAN INFORMATION

Plan Type <input type="checkbox"/> Profit-Sharing <input type="checkbox"/> 401(k) <input type="checkbox"/> Cross-Tested <input type="checkbox"/> Age Based	Platform <input type="checkbox"/> Daily Valuation <input type="checkbox"/> Balance Forward <input type="checkbox"/> Combination <input type="checkbox"/> Self-Directed Accounts	Statistics Number of Employees _____ Number of Participants _____ Assets _____ Assets in SDA Accounts _____ Platform Assets _____ Assets in Managed Funds _____
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ADVISOR INFORMATION

FA Name	
Location	
Phone	Email Address
Employer Goals	
Current Provider	
Administrative Issues	
Advisor Comments or Special Requests	
Proposal Due Date	

Please forward this information to:

PenServ Plan Services, Inc.
 Fax: (803) 791-5925
 Email: proposals@penserv.com

For assistance please contact a Marketing Representative at:
 Phone: (803) 822-1804 OR (800) 849-4001

